RESPIRATORY DISEASES/DISORDERS—
Healthcare Policy

EVALUATION OF A DISEASE MANAGEMENT PROGRAM (DMP) FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IN GERMANY: PRELIMINARY ASSESSMENT OF EFFECTIVENESS OF COMPOUNDS

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OBJECTIVES: COPD represents a substantial burden on health resources worldwide. Especially acute exacerbations (AECB) are an increasing cause of morbidity, mortality and reduced quality of life. As a chronic disease COPD is a major target for disease management programs (DMPs) in Germany, since providers and patients may benefit from structured treatment programs. Here we report preliminary results regarding the effects of a newly implemented DMP on COPD therapy.

METHODS: In 2001 a DMP for COPD, involving a network of general practitioners, outpatient specialists and clinicians, was implemented in the town of Luedenscheid, Germany, with about 81,000 inhabitants. The only German COPD-DMP includes treatment guidelines and a peer review group concept. COPD-patients are involved by patient information, education about the disease and reduction of risk factors (e.g. smoking cessation). To evaluate the DMP, an open, non-intervening outcome study was set up. In this ongoing study, the outcome in the DMP-group (Luedenscheid) will be compared to a group in a town 70 km apart without a DMP. A total of 462 patients is enrolled into the study. For assessment of the short term effects (0.5 years), participating physicians in Luedenscheid were interviewed about the effectiveness of the different components of the DMP and an improvement in their treatment of COPD-patients.

RESULTS: 24 physicians were interviewed. At this preliminary state, the majority of them judged the regular peer review meetings (75% positive answers) and the treatment guidelines (58% positive answers) as efficient factors of the DMP. An improvement in COPD-management was seen by 54% of the physicians.

CONCLUSION: The first German COPD-DMP set up in Luedenscheid shows a tendency to improve COPD-treatment. This may lead to decreased disease progression, enhanced quality of life and reduced health care costs. Further preliminary and demographic data from the evaluation study will be presented.

Abstracts

PRP9

A DISEASE MANAGEMENT PROGRAM IN FRANCE: LESSONS FROM THE RESALIS EXPERIMENT 18 MONTHS BEFORE AND 12 MONTHS AFTER PUBLIC HEALTH INTERVENTIONS

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OBJECTIVES: Asthma treatments have a good benefit/risk ratio. Recent recommendations from international consensus have standardised asthmatic patients’ management methods (Gina 2002). Compliance with these standards, however, remains low: a more global management is required. Alliance Médica and a local sickness fund (Eure Department) have launched a disease management program, including education of patients and training of doctors to improve the state of health of patients suffering from asthma and reduce costs to the community.

METHODS: The assessment is based on a “before-after” study (respectively 18 and 12 months). Two outcomes were assessed: control of the asthma and the quarterly cost of follow-up. The definition of control is based on the six criteria and thresholds from the Canadian asthma consensus report (1). The quarterly cost is the sum of medical expenditure and production losses for patients who had at least one follow-up consultation during each period considered.

RESULTS: Forty-three doctors agreed to take part in the study, 32 of whom returned the medical information electronically. Three hundred and thirty eight patients were pre-included: 27 patients did not meet the inclusion criteria and 311 subjects were eligible. Proportion of asthmatic patients controlled over the 1-year period before the intervention was equal to 52.6% of the patients followed. After the intervention the control rate reached 67.7%. The incremental effectiveness is equal to 15%. After intervention, the standard quarterly costs were lower for both groups control and non-control: respectively €118.9 vs €152.7 and €359.9 vs €264.8. The overall rate of quarterly savings after intervention compared to the situation without intervention is equal to 32.4% (€172.1 versus €255.2).

CONCLUSION: The “pragmatic” evaluation of the management of asthma in primary care with “trickle” inclusions and follow-ups requires a new statistical approach. This 1st primary network in France is a successful experiment. (1) CMAJ. Nov 30, 1999; 161 (11 suppl).